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FORM No. SA-1 (Original)

Prescribed by State Board of Accounts

Form SA-1 (1970)

PURCHASE ORDER

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

DATE _____, 19__

Purchased from _____
Address _____
Purchased for _____
Deliver to _____
Send Invoice to _____

To the Disbursing Officer:

The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the _____ Fund.

Quantity	Description	Unit	Price		Total	
					\$	
Total This Order						\$

Signed _____

Person Authorized to Purchase

PAYMENT AUTHORIZATION VOUCHER

(Sign and Return with Invoice)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

Paid by Check

DATE _____, 19__

No. _____ Date _____, 19__

Purchased from _____

Address _____

Purchased for _____

Deliver to _____

Send Invoice to _____

To the Disbursing Officer:

The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the _____ Fund.

No payment is to be made for this order until this form is properly filed and the items have been received.

Quantity	Description	Unit	Price	Total
				\$
SAMPLE				
Total This Order				\$

Priced O.K. ☐Items Received O.K. ☐Except as noted -- ☐

Signed _____

Claimant

Approved for Payment _____

Sponsor

Date _____, 19__

**PURCHASE ORDER AND
PAYMENT AUTHORIZATION VOUCHER
(FILE COPY)**

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

Paid by Check

DATE _____, 19__

No. _____ Date _____, 19__

Purchased from _____

Address _____

Purchased for _____

Deliver to _____

Send Invoice to _____

To the Disbursing Officer:

The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the _____ Fund.

No payment is to be made for this order until this form is properly filed and the items have been received.

Quantity	Description	Unit	Price	Total
				\$
SAMPLE				
Total This Order				\$

Priced O.K. ☐Items Received O.K. ☐Except as noted -- ☐

Signed _____

Person Authorized to Purchase

Approved for Payment _____

Sponsor

Date _____, 19__

Prescribed Form SA 2 (Rev 1970)

CHECK

HRS WORKED	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____, Indiana _____, 19__
 P.O. No. _____
 Claim No. _____ Pay to the
 Invoice No. _____ order of _____ \$ _____

_____ Dollars

Payable at
 (Bank) _____

 Superintendent or Principal _____
 Treasurer

SPACE FOR M.I.C.R.

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____, Indiana _____, 19__
 P.O. No. _____
 Claim No. _____ Pay to the
 Invoice No. _____ order of _____ \$ _____

_____ Dollars

Payable at
 (Bank) _____

NON - NEGOTIABLE

SPACE FOR M.I.C.R.

DUPLICATE

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____ SCHOOL

No. _____

_____, IN _____, 19____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

FOR DEPOSIT TO THE CREDIT OF _____ FUND

SOURCE _____ (Activity)

TREASURER

.....
ORIGINAL

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____ SCHOOL

No. _____

_____, IN _____, 19____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

FOR DEPOSIT TO THE CREDIT OF _____ FUND

SOURCE _____ (Activity)

TREASURER

.....
DUPLICATE

TICKET SALES

SCHOOL _____
 GAME _____
 OTHER _____

TOWN OR CITY _____
 DATE _____
 ACTIVITY _____

TICKETS							
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	TOTAL AMOUNT SALES
	SERIAL NO.	AMT.	SERIAL NO.	AMT.			
	TOTAL						

Made by _____
 (Title)

Verified and Approved by _____
 (Official or Sponsor)

ORIGINAL

TICKET SALES

SCHOOL _____
 GAME _____
 OTHER _____

TOWN OR CITY _____
 DATE _____
 ACTIVITY _____

TICKETS							
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	TOTAL AMOUNT SALES
	SERIAL NO.	AMT.	SERIAL NO.	AMT.			
	TOTAL						

Made by _____
 (Title)

Verified and Approved by _____
 (Official or Sponsor)

DUPLICATE

School _____

SCHEDULE OF BALANCES
RECEIPTS AND EXPENDITURES OF
SCHOOL EXTRA-CURRICULAR ACCOUNT

To _____, 19__

NAME OF FUND	BALANCE BEGINNING OF PERIOD		RECEIPTS DURING PERIOD		EXPENDITURES		BALANCE END OF PERIOD	
	1		2		3		4	
	\$		\$		\$		\$	

CASH RECONCILEMENT

NAME OF BANK	LOCATION		
DEPOSITORY BALANCE	19	\$	
CASH ON HAND (ADD)			
TOTAL CASH ON HAND AND IN DEPOSITORY		\$	
TOTAL OF OUTSTANDING CHECKS (DEDUCT)			
BALANCE	19	\$	

OUTSTANDING CHECKS

_____, 19__

DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT
		\$	BROUGHT FORWARD		\$
CARRIED FORWARD		\$	TOTAL		\$

DETAIL OF RECEIPTS AND EXPENDITURES
BY FUNDS

_____ FUND
RECEIPTS

SOURCE OF RECEIPTS	NATURE OF RECEIPTS	AMOUNT	
		\$	
TOTAL RECEIPTS		\$	

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2,
PAGE 1.

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT	
	\$	
TOTAL EXPENDITURES	\$	

The bank in which all moneys of this account are deposited is:

Name of Bank	Amount
Bank of America	1000000
Wells Fargo	2000000
Chase	3000000
Citigroup	4000000
JP Morgan Chase	5000000
Bank of New York	6000000
Capital One	7000000
Bank of the Americas	8000000
Bank of Montreal	9000000
Bank of Canada	10000000

Location of Bank

Date school officially closed _____, 19__

BOND OF SCHOOL TREASURER

Name of Surety

Amount of Bond \$

Date of Expiration

CERTIFICATE OF SCHOOL TREASURER/PRINCIPAL

I, _____, Treasurer, _____,
Principal, of the _____ School
Extra-Curricular Account, hereby certify that the foregoing report of the said
account is true and correct to the best of my knowledge and belief. I further
certify that copies of this report have been filed with the officers
designated by law to receive copies of said report.

Treasurer

Principal

COPIES TO BE FILED AS FOLLOWS:

Township School: 1 copy to Township Trustee
 1 copy to County Superintendent

School Corporation:

1 copy to Board of School Trustees or Board
of School Commissioners

1 copy to Superintendent of Schools

SCHOOL EXTRA-CURRICULAR ACCOUNT

_____ FUND NO. _____

	DATE	ITEM	RECEIPT OR CHECK NO.	~	RECEIPTS DEBIT	DISBURSEMENTS CREDIT	BALANCE	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

CLAIM FOR PAYMENT

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

Paid by Check

DATE _____, 19__

No. _____ Date _____, 19__

Purchased from _____

Address _____

Purchased for _____

Delivered to _____

Invoice handed to _____

To the Disbursing Officer:

The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the _____ Fund.

No payment is to be made for this order until this form is properly filed and the items have been received.

Quantity	Description	Unit	Price	Total
				\$
SAMPLE				
Total This Order				\$

Priced O.K. ☐Items Received O.K. ☐Except as noted -- ☐

Signed _____

Claimant

Approved for Payment _____

Sponsor

Date _____, 19__

_____, 19____

Date

Name of School or School Corporation

[illegible]

OFFICIAL RECEIPTS - INDIVIDUAL TEXTBOOK RENTAL LIST

____ SCHOOL, _____, INDIANA

Receipt _____ 0001

Date_____
Name of Student_____
Grade

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

Quantity	Description - Name - Series - Code	Unit Price	Total Rental Fee	For Use of Issuing Officer
Total Received		\$	\$	

NOTE TO STUDENTS AND PARENTS:

Care should be exercised in the use of rented textbooks in order that all books may be returned at the close of the school term in useable condition. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with a reference to such attached list instead of further itemization.

Issuing Officer

SF - 1

School _____

SCHOOL FOOD SERVICE
CERTIFICATION OF MEALS PROVIDED PER HOME RULE

Date _____ 19____

[illegible]

I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

Authorized Signature

SCHOOL FOOD SERVICE
DAILY RECORD OF CASH RECEIVED

School

LINE No	DATE	TOTAL CASH RECEIPTS	CASH RECEIVED FOR												PREPAID FOOD	PREPAID FOOD APPLIED	PREPAID FOOD TRUST	STATE MATCH FUNDS	FEDERAL REIMBURSEMENTS		LINE No
			LUNCH		OTHER RECEIPTS		BREAKFAST		KIND. SPECIAL MILK	STUDENT ALA CARTE	ADULT ALA CARTE	PROGRAM	AMOUNT								
			STUDENT	ADULT			STUDENT	ADULT													
1																					1
2																					2
3																					3
4																					4
5																					5
6																					6
7																					7
8																					8
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27																					27
28																					28
29																					29
30																					30
31																					31
32																					32
TOTALS																					

SAMPLE

SF-2A

SCHOOL FOOD SERVICE
DAILY RECORD OF MEALS/MILK SERVED

School

LINE No	Date 19__	NSLP							AFTER SCHOOL SUP.							SBP							Kindergarten Special Milk			LINE No	
		Number of Meals Served to Students				Paid Adult Meals	SF-1 Other Meals	Total NSLP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SUP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SBP Meals					
		Paid	Free	Redu.	Total				Paid	Free	Redu.	Total				Paid	Free	Redu.	Total				Paid	Free	Redu.		Total
1																											1
2																											2
3																											3
4																											4
5																											5
6																											6
7																											7
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28																											28
29																											29
30																											30
TOTALS																											31

Date _____ Signature _____

School _____

[illegible]

School _____

[illegible]

SF-5

SCHOOL FOOD SERVICE TICKET CONTROL

Type of Ticket

School _____

School Year _____

[illegible]

SF-6

Page _____ of _____

SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

SCHOOL _____

Date _____

[illegible]

SCHOOL FOOD SERVICE FOOD INVENTORY

School
Date

Beginning Inventory
Ending Inventory

\$ _____
\$ _____

[illegible]

[illegible]

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